

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Toshihiko OHTOMO, et al.

Title: RESHAPED HUMAN

ANTIBODY TO HUMAN MEDULLOBLASTOMA CELLS

Prior Appl. No.: 08/646,265

Prior Appl. Filing Date: 9/09/1996

Examiner: Unassigned

Art Unit: Unassigned

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

Continuation	[X] Division	[] Continuation-	In-Part (CIP)
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of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

[X]	Specification.	Claim(s)	and Abstract	(93 pages	١

- [X] Formal drawings (10 sheets, Figures 1-10).
- [X] Copy of Declaration and Power of Attorney (2 pages).
- [X] Information Disclosure Statement.
- [X] Form PTO-1449.
- [X] Preliminary Amendment.



The filing fee is calculated below:

	Claims		ncluded in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	19		20	=	0	х	\$18.00	=	\$0.00
Independents:	3	-]	3	=	0	×	\$80.00	=	\$0.00
If any Multiple [Dependent (Claim(s) present			+	\$270.00	=	\$0.00
							SUBTOTAL:	=	\$710.00
[]	Small	Enti ⁻	ty Fees .	Apply	/ (subtra	ct ½	of above):	=	\$0.00
					TOT	ALF	FILING FEE:	==	\$710.00

- [X] A check in the amount of \$710.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: December 29, 2000

FOLEY & LARDNER
Washington Harbour
3000 K Street, N.W., Suite 500
Washington, D.C. 20007-5109
Telephone: (202) 672-5571
Facsimile: (202) 672-5399

Harold C. Wegner Attorney for Applicant Registration No. 25,258

Milace D. Kammei,

By Reg No. 32,904, for